



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

08/19/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NY2180000109
INSTALLATION NAME	→	USPS - LONG ISLAND
INSTALLATION ADDRESS	→	46-02 21ST ST LONG ISLAND CITY, NY 111019998
MAILING ADDRESS	→	46-02 21ST ST LONG ISLAND CITY, NY 111019998

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: USPS - LONG ISLAND
or Current Occupant
ATTN: ROBERT SKRIVANEK
46-02 21ST ST
LONG ISLAND CITY, NY, 111019998**

RCRA PROGRAM
BRANCH

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: NY2180000109		
3. Site Name (See instructions on page 24)	Name: USPS - LONG ISLAND		
4. Site Location Information (See instructions on page 24)	Street Address: 46-02 21ST ST		
	City, Town, or Village: LONG ISLAND CITY	State: NY	
	County Name: QUEENS	Zip Code: 11101-9998	
5. Site Land Type (See instructions on page 24)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. 491110	B.	
	C.	D.	
7. Site Mailing Address (See instructions on page 25)	Street or P. O. Box 46-02 21ST ST		
	City, Town, or Village: LONG ISLAND CITY		
	State: NY		
	Country: USA	Zip Code: 11101-9998	
8. Site Contact Person (See instructions on page 25)	First Name: ROBERT	MI:	Last Name: SKRIVANEK
	Phone Number: 718-529-7220	Phone Number Extension:	
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Sites Legal Owner: USPS		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Sites Operator: USPS		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID No.										N	Y	2	1	8	0	0	0	0	1	0	9																								
10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)																																													
A. Hazardous Waste Activities 1. Generator of Hazardous Waste (Choose only one of the following three categories.) <input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs/mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 -2,200 lbs/mo.) of non-acute hazardous waste; or <input checked="" type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs/mo.) of non-acute hazardous waste In addition, indicate other generator activities. (Mark all that apply) <input type="checkbox"/> d. United States Importer of Hazardous Waste <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator											For Items 2 through 6, mark all that apply. <input type="checkbox"/> 2. Transporter of Hazardous Waste <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity. <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption <input type="checkbox"/> 6. Underground Injection Control																																		
B. Universal Waste Activities 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">Generate</th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">Accumulate</th> </tr> </thead> <tbody> <tr><td>a. Batteries</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>b. Pesticides</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>c. Thermostats</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>d. Lamps</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>e. Other (specify)</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>f. Other (specify)</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>g. Other (specify)</td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </tbody> </table> <input type="checkbox"/> 2. Destination Facility for Universal Waste Note: a hazardous waste permit may be required for this activity												Generate	Accumulate	a. Batteries			b. Pesticides			c. Thermostats			d. Lamps			e. Other (specify)			f. Other (specify)			g. Other (specify)			C. Used Oil Activities (Mark all boxes that apply.) <input type="checkbox"/> 1. Used Oil Transporter - Indicate Type(s) of Activity(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner <input type="checkbox"/> 3. Off-Specification Used Oil Burner <input type="checkbox"/> 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specification										
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11. Description of Hazardous Wastes (See instructions on page 31)																																													
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., 0001, 0003, F007, U112). Use an additional page if more spaces are needed.																																													
D001	D002	U051	U080																																										

 ENVIRONMENTAL PROTECTION
 AGENCY REGION 10
 2003 JUL 30 AM 9:27
 RCRA PROGRAMS
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ENVIRONMENTAL PROTECTION
AGENCY, REGION II
2003 JUL 30 AM 9:27
RCRA PROGRAMS
BRANCH



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/27/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NY2180000109

FACILITY NAME -> US POSTAL SERVICE

MAILING ADDRESS -> 46-02 21ST ST
LONG ISLAND CITY, NY 11101-9998

INSTALLATION ADDRESS -> 46-02 21ST ST
LONG ISLAND CITY, NY 11101-9998

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: QUERCIA, ANTHONY
MGR MAINTENANCE
US POSTAL SERVICE
46-02 21ST ST
LONG ISLAND CITY, NY 11101-9998

completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☐ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number
NY 21881060709

II. Name of Installation (Include company and specific site name)

UNITED STATES POSTAL SERVICE

III. Location of Installation Requires Building Number or Latitude and Longitude for processing

Street
46-02 21ST STREET

Street (Continued)

City of Town
LONG ISLAND CITY

State Zip Code
NY 11101-9998

County Name
QUEENS

IV. Installation Mailing Address

Street or P.O. Box

City or Town
SAMS

State Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)
QUERCIA

First
ANTHONY

Job Title
MAINTENANCE

Phone Number (Area Code and Number)
718 349 4619

VI. Installation Contact Address

A. Complete Address Local or Mailing Other B. Street or P.O. Box

City or Town
SAMS

State Zip Code

VII. Ownership

A. Name of Installation's Legal Owner

UNITED STATES POSTAL SERVICE

Street, P.O. Box, or Route Number

46-02 21ST STREET

City or Town
LONG ISLAND CITY

State Zip Code
NY 11101-9998

Phone Number (Area Code and Number)

718 349 4608

EPA Type Owner Type Change of Owner Indicator Yes No

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

JACK HOYT
AWMD EPA REGION 2
290 BROADWAY 22 FLOOR
NY, NY 10007-1866

Handwritten notes: "Refer to Anthony Quercia", "Call U.S. EPA AGENCY ROUTE 11", "EXP 4/2/88"

1D - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____

- ☐ 3. Treater, Stoner, Disposer (at installation) Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

- | 1. Irritable
(D001) | 2. Corrosive
(D002) | 3. Reactive
(D003) | 4. Toxicity
Characteristic
(D000) |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

0	0	0	9												
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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature _____

Name and Official Title (type or print)

Date Signed _____

XI. Comments

Conditional Small Quantity Generator • Periodic Fluorescent Lamp Removal and / Recycling.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)